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2004 JUN -4 P 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 3, 2004

Via U.S. Mail

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re:

Correction Services of Florida, LLC

Document Number: L04000014042

Dear Sir or Madam:

Enclosed is a check made payable to the Department of State for \$25.00 to cover the cost of filing the enclosed Statement of Change of Registered for Limited Liability Company.

Thank you and please give us a call if you have any questions.

Sincerely,

Alyssa Krause

Legal assistant to Matt Mathews

/ask Enclosure

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limi	ted liability company is:	Correction Services of Flo	orida, I	LLC	
	of the limited liability co				
2833 Remington Gre	en Circle, Tallahassee	, Florida 32308			
February 23, 2004		L04000014042			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the regis Florida Department o	stered agent and the regist f State: William Schossler	tered office address as shown	on the	records	of the
	2629 Mitcham Drive	Name	-		
	Tallahassee, Florida	Address a 32308 State and Zip	-		
6. The name and address of the new registered agent and/or office:				700	
	William Schossier		CRET	<u></u>	T
	2833 Remington Gr	Name een Circle	ARY	11- NOF 1002	
	Florida street address	(P.O. Box NOT acceptable)	OF S	U	
	Tallahassee,	_{FL} 32308	91.	:: 2	O
	City, St	tate and Zip	>	-	
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	mpany is not organized us change or changes are many of the registered agent will ereby confirmed that the redliability company or a softhe limited liability control of the liability control of th	ander the laws of the State of lade, the Florida street address I be identical. Or, in the case change(s) was/were authorize is otherwise provided in the armpany.	Florida, of the roof a Florid by an eticles of	, it is he register orida li a affirm of organ	reby ed office mited ative vote of iization or
William S	hossler				
(Printed or typed name of signed	2)				
I hereby accept the appo comply with the provisio and I am familiar with a Gupter 608, F.S. Orlif address, I hereby confirm (Signature of Registered Agent)	ount	ent and agree to act in this ca to the proper and complete p to fmy position as registered led to merely reflect a change company has been notified in	ipacity. erformi agent a in the n writin	I furth ance of is provid registed ig of thi	er agree to my duties, ded for in red office is change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

FILING FEE: \$25.00